DRAFT Minutes
MHRT/C Redesign Advisory Committee Meeting

Date: February 26, 2015
Time: 10am-12pm
Location: 35 Anthony Ave.; Conf. Room C
Meeting Lead: Leticia Huttman
Purpose: Redesign of MHRT/C

Overview: Welcome and Introductions
Minutes
General Updates
Decision Making Process
Competency Sub-Comm. Updates
Problems/Solutions
Next Meeting

Participants:

Kathryn Brillant	Break of Day	Leticia Huttman	SAMHS	Brion Gallagher	SAMHS
Catherine Charette	CHCS	Donna Kelley	Kennebec BH	Grace Leonard	UMA
Kelly Brown	CCSME/TCMHS	Robert Sheehan	Catholic Charities	Sybil Mazerolle	OMS
Stephanie Truman	Amethyst	Mark Joyce	DRC	Mary Tagney	SAMHS
Elizabeth Bailey	Sweetser	Bridgett Ireland (guest)	Charlotte White Center	Janice Daley	Muskie School
Jacinda Dionne	Muskie School	Nadine Edris	Muskie School	Angela Fileccia	Penobscot CHC

Minutes:

1. **Welcome and Introductions**

   Leticia Huttman opened the meeting and members introduced themselves.

2. **Minutes from last Meeting/Changes**

   Leticia asked if anyone had any changes to the draft minutes from the previous meeting from January 22nd. Stephanie Truman clarified that there was miscommunication at the last meeting regarding the discussion of APS and what competencies CI workers needed to know. She clarified that CI workers need to write the plans although other staff in the office may actually send the plans to APS. As such, there is a need to write a plan which meets required standards.
   She also clarified that nurses need to be licensed through the State Board of Nursing., as do CNA's etc. Staff need to be licensed or certified at the appropriate level for the work they are performing.

3. **General Updates**

   Leticia provided some general SAMHS updates. She informed the committee that Kristen Fortier has been named the Acting Associate Director of Treatment and Recovery. Matthew Wells has

been hired as the Recovery Manager. She stated that SAMHS is continuing to work with OMS on changes to Section 17 of MaineCare and on the Behavioral Health Homes initiative.

4. **Decision-Making Process for Advisory Committee**

Leticia also explained the decision-making process that the MHRT/C Advisory Committee will use. The Advisory Committee will make recommendations to SAMHS. Although consensus is ideal, recommendations can be approved by a majority of the membership. Dissenting opinions will be captured in the minutes. Since it is sometimes difficult for everyone to attend all of the meetings. As such, members who have not been able to attend will be given a short period of time to weigh in on decisions/recommendations.

5. Updates on Competency Sub-Committee

Jacinda gave a brief update on the work of the Redesign's Competency Sub-Committee. The group is working on updating the current competencies (knowledge and skills) and members have been able to make revisions, comments and edits in a google doc. Jacinda summarized recommended changes at the last Competency Sub-Committee meeting. The Sub-Committee's goal is to send draft competencies to a broad group of stakeholders for feedback in late March/early April.

6. MHRT/C Problems and Possible Solutions

Janice distributed a document outlining some issues which various stakeholders groups have identified throughout the redesign process and some possible solutions. She asked that members give feedback about problem statements as well as discuss the possible solutions to each and formulate a recommendation to forward to SAMHS. The following is a summary of the discussion and recommendations:

A. Problem: The MHRT/Certification Program does not include a process to revoke certification or to discipline certificate holders.

Members agreed that the problem statement captures their concerns about this issue. Members discussed the expense in having a review process and some mentioned that having a separate registry may give certificate holders due process. Leticia mentioned that legislation may be introduced regarding the current registry that may address this problem. She asked members to look for this legislation and if anyone sees it to send to her or Janice who will share with the committee.

Some solutions discussed included:

- Adopt the system for certification used by Children's Services which is less complex. (This is the TCM model).
- Set a baseline a minimum educational level for the certification.
- Cost and legalities are a concern; need to have due process.
- Consult with the AG's office.
- Recruit volunteers from mental health agencies to serve on a certification board.
- Makes the most sense to have an existing structure such as the Division of Licensing

and Regulatory Services take this on and possibly incorporate with existing titles in the registry.

- Clarify expectations by developing or adopting a code of ethics.

ACTION: The MHRT/C Redesign Advisory Committee recommends that:

1) **SAMHS review existing structures that are able to address complaints, discipline and revoke certification of MHRT/C certificate holders.**
2) **SAMHS identify one of these existing structures that will be able to address complaints, discipline, and revoke certification of MHRT/C certificate holders.**
3) **Establish or adopt a code of ethics for MHRT/C certificate holders.**

B. Problem: There are barriers to MHRT/C certification for those with academic degrees, both in and out-of-state, that have not been pre-approved for the MHRT certification program. Applicants with related and unrelated degrees have to take up to 300 hours of coursework which is expensive, time-consuming, and does not lead to a graduate degree or advanced position in the field.

Members agreed that this problem statement represents their concerns. The following are some possible solutions that members discussed:

- There should be separate pathways to certification depending on an applicant's background, for those with related and unrelated degrees, and for those without degrees.
- Dissent: System is too complicated and we have two systems: one for TCMs and one for CI workers.
- There should be minimum educational standards. Requiring a degree should be left to agencies to decide.
- Dissent: Degrees shouldn't be required. Some CI workers without degrees are excellent case managers. Most skills are learned in the field, on the job. There is still a shortage in this workforce.
- There is a need to make the certification process easier for people with bachelors or masters degrees.
- There should be a competency exam for those with degrees and experience.
- Dissent: There should not be a competency exam for bachelor and master level staff.
- Recommend we address the need for 300 hours of training for people with related degrees. Reduce the # of training hours.
- We shouldn't perpetuate a system that requires persons with Bachelor's or Master's degrees in related fields to complete additional courses.
- What we need is good, experienced, well-qualified supervisors.

ACTION: The MHRT/C Redesign Advisory Committee recommends that:

1) **The MHRT/C Certification program maintains multiple pathways for obtaining**

certification for those with related degrees, with unrelated degrees, and without degrees.

2) **The pathways for certification should include escalating requirements for those applicants who have unrelated degrees or no degrees. In other words, those who have unrelated degrees or no degree will have to complete additional coursework to become fully certified.**

C. **Problem: There are no continuing education or professional development requirements in order to maintain the MHRT/C certificate.**

Leticia introduced this problem and stated that this may be two phases to this discussion as there are parallels with the work of the competency sub-committee. The following are some discussion points made by committee members:

- Align continuing education requirements with those mental health agency licensing requirements.
- There should be a minimum number of required hours similar to those required for drug and alcohol counselors as these positions all work with persons with co-occurring disorders.
- There should be some parameters as to what is accepted for CEUs.
- There should be a different continuing education requirement for individuals who have left the workforce for years.
- Workers should maintain their certification even if they leave workforce.
- As long as someone is employed by an agency and is receiving their in-service training, their certification should be continued.
- There should be reciprocity for continuing education.
- Keep requirements for continuing education loose and flexible.
- It's a burden on the agency to manage.

PRELIMINARY RECOMMENDATIONS:

1) **SAMHS should adopt a continuing education requirement to MHRT/C certification.**
2) **Continuing education requirements should align with agency licensing regulations.**
3) **Continuing education requirements should also recognize CEU requirements for other certifications or licenses (e.g., TCM, alcohol and substance abuse licensing requirements, etc.)**

D. **Next Meeting (s):** The next meeting will not be held as planned on March 26th as some members have been unable to attend on the dates planned earlier. **The meeting has been rescheduled on April 1, 2015, from 2:30-4 pm at 35 Anthony Ave., Conference Room C.**